

**OFFICER'S BATTERY REPORT**  
CHICAGO POLICE DEPARTMENT

RD NO. **HZ531419**

**INSTRUCTIONS:** This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) <b>SURMA, THOMAS A</b>		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR <b>ADDRESS OF OCCURRENCE</b> <b>23 N KENTON AVE</b> CITY <input checked="" type="checkbox"/> CHICAGO      STATE (If outside Chicago) <input type="checkbox"/>	
STAR NO. <b>7993</b>	POSITION <b>POLICE OFFICER</b>	<b>LOCATION CODE</b> <b>304-STREET</b> <b>BEAT OF OCCURRENCE</b> <b>1113</b>	
DATE OF APPOINTMENT <b>21-JUN-1999</b>	EMPLOYEE NO. [REDACTED]	<b>DATE OF OCCURRENCE</b> <b>TIME</b> <b>DAY OF WEEK</b> <b>27-NOV-2016</b> <b>23:27:00</b> <b>SUNDAY</b>	
UNIT OF ASSIGNMENT <b>016</b>	BEAT/CALL NO. <b>4563B</b>	<b>NO. OF OFFICERS BATTERED</b> <u>5</u> WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES      2. <input type="checkbox"/> NO IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? <u>6</u>	
HEIGHT <b>508</b>		WEIGHT <b>173</b>	
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED			
<input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____  <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____  <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		<b>WORKING:</b> <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____  <b>PATROL TYPE:</b> <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____	
TYPE OF ACTIVITY			
<input checked="" type="checkbox"/> A. AMBUSH -NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input checked="" type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____		<b>MANNER OF ATTACK</b> <input checked="" type="checkbox"/> 01. SHOT <input checked="" type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
TYPE OF WEAPON/THREAT			
(Check all that apply): <input checked="" type="checkbox"/> A. FIREARM CALIBER UNKNOWN <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. REVOLVER <input checked="" type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN  <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____		(Check all that apply): <input checked="" type="checkbox"/> A. FIREARM CALIBER UNKNOWN <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE  <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____	
FIREARM USE INFORMATION			
(Check all that apply): <input checked="" type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON		(Check all that apply): <input checked="" type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON	
OFFENDER INFORMATION			
SEX <input checked="" type="checkbox"/> 1. M	RACE <input type="checkbox"/> 2. F	DOB <b>18-DEC-1982</b>	
CB NO. _____		IR NO. _____	
TYPE OF INJURY TO OFFICER			
<input type="checkbox"/> A. FATAL <input checked="" type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/ Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input type="checkbox"/> D. NONE APPARENT/NONE		WAS THE OFFENDER'S ACTIVITY: DRUG RELATED?      GANG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN <input checked="" type="checkbox"/> 3. UNKNOWN	
LIGHTING CONDITIONS AT INCIDENT		WEATHER CONDITIONS	
<input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR <input type="checkbox"/> <input type="checkbox"/> 2. GOOD		<input type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input checked="" type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND	
APPROXIMATE OUTDOOR TEMPERATURE: <b>40 °F</b>			

**Officer Surma suffered a gun shot wound to the forehead and was admitted to Loyola Hospital.**  
**Officer Surma was unable to complete a Tactical Response Report and Officer Battery Report.**  
**R/Sgt. completed a Tactical Response report and Officer Battery Report with information**  
**obtained at the time of completion. Unknown total of assisting officers involved at this time.**

1083171 V# 16-24

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REPORTING MEMBER - SIGNATURE  
UTZ, JON C

STAR NO.  
1934

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.  
BAY, ROGER J

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